

<i>SERFF Tracking Number:</i>	<i>AEGA-126584777</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45430</i>
<i>Company Tracking Number:</i>	<i>VA-APP 08/10 (NIC)</i>		
<i>TOI:</i>	<i>A02.11 Individual Annuities- Deferred Non- Variable and Variable</i>	<i>Sub-TOI:</i>	<i>A02.11.002 Flexible Premium</i>
<i>Product Name:</i>	<i>VA-APP 08/10 (NIC)</i>		
<i>Project Name/Number:</i>	<i>Variable Annuity Application /VA-APP 08/10 (NIC)</i>		

## Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: VA-APP 08/10 (NIC)	SERFF Tr Num: AEGA-126584777	State: Arkansas
TOI: A02.11 Individual Annuities- Deferred Non- Variable and Variable	SERFF Status: Closed-Approved- Closed	State Tr Num: 45430
Sub-TOI: A02.11.002 Flexible Premium	Co Tr Num: VA-APP 08/10 (NIC)	State Status: Approved-Closed
Filing Type: Form	Author: Laurie Bascom	Reviewer(s): Linda Bird
	Date Submitted: 04/15/2010	Disposition Date: 04/16/2010
		Disposition Status: Approved- Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

## General Information

Project Name: Variable Annuity Application	Status of Filing in Domicile: Pending
Project Number: VA-APP 08/10 (NIC)	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 04/16/2010	Explanation for Other Group Market Type:
	State Status Changed: 04/16/2010
Deemer Date:	Created By: Laurie Bascom
Submitted By: Laurie Bascom	Corresponding Filing Tracking Number:
Filing Description:	
Life and Health Division	
Arkansas Insurance Department	
1200 West Third Street	
Little Rock, AR 72201	

Attn: Policy Examination Division (Life & Annuity)

Re: Transamerica Life Insurance Company

SERFF Tracking Number: AEGA-126584777 State: Arkansas  
Filing Company: Transamerica Life Insurance Company State Tracking Number: 45430  
Company Tracking Number: VA-APP 08/10 (NIC)  
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
Variable and Variable  
Product Name: VA-APP 08/10 (NIC)  
Project Name/Number: Variable Annuity Application /VA-APP 08/10 (NIC)

NAIC # 468 - 86231

VA-APP 08/10 (NIC) – Variable Annuity Application

SERFF Tracking #: AEGA-126584777

Dear Sir or Madam:

Please find attached the above referenced application for your review and approval. This is a new form and is not intended to replace any form previously approved by your Department. This form is intended for use with our Variable Annuity portfolio approved by your Department.

We have attached a Statement of Variability that outlines the items that are bracketed. Please note that due to the variability of the language on this application the pagination may vary based on what is included in this application.

Please note the paper and font of the attached application may change in the future. You have our assurances the form will contain the same language as approved by your Department. This form will be printed and be made part of any policy issued.

We would appreciate your review and subsequent approval of the attached form.

Sincerely,

Transamerica Life Insurance Company

Laurie Bascom  
Filing Analyst II  
TCM Regulatory Filing Dept.  
Phone: 319-355-6813  
Fax: 319-355-6820  
Email: lbascom@aegonusa.com

P.S. This policy was approved by Iowa, our Home State on \_\_\_\_\_, or is concurrently submitted.

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: AEGA-126584777 State: Arkansas

Filing Company: Transamerica Life Insurance Company State Tracking Number: 45430

Company Tracking Number: VA-APP 08/10 (NIC)

TOI: A02.II Individual Annuities- Deferred Non- Sub-TOI: A02.II.002 Flexible Premium  
Variable and Variable

Product Name: VA-APP 08/10 (NIC)

Project Name/Number: Variable Annuity Application /VA-APP 08/10 (NIC)

Laurie Bascom, Forms Filing Analyst II lbascom@aegonusa.com  
4333 Edgewood Road, NE 319-355-6813 [Phone]  
Cedar Rapids, IA 52499 319-355-6820 [FAX]

### Filing Company Information

Transamerica Life Insurance Company	CoCode: 86231	State of Domicile: Iowa
4333 Edgewood Road, NE	Group Code: 468	Company Type:
Cedar Rapids, IA 52499	Group Name:	State ID Number:
(319) 355-8511 ext. [Phone]	FEIN Number: 39-0989781	

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### Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation: 1 form X \$50/form

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$50.00	04/15/2010	35681181

SERFF Tracking Number:	AEGA-126584777	State:	Arkansas
Filing Company:	Transamerica Life Insurance Company	State Tracking Number:	45430
Company Tracking Number:	VA-APP 08/10 (NIC)		
TOI:	A02.11 Individual Annuities- Deferred Non-Variable and Variable	Sub-TOI:	A02.11.002 Flexible Premium
Product Name:	VA-APP 08/10 (NIC)		
Project Name/Number:	Variable Annuity Application /VA-APP 08/10 (NIC)		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/16/2010	04/16/2010

<i>SERFF Tracking Number:</i>	<i>AEGA-126584777</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45430</i>
<i>Company Tracking Number:</i>	<i>VA-APP 08/10 (NIC)</i>		
<i>TOI:</i>	<i>A02.11 Individual Annuities- Deferred Non-</i>	<i>Sub-TOI:</i>	<i>A02.11.002 Flexible Premium</i>
	<i>Variable and Variable</i>		
<i>Product Name:</i>	<i>VA-APP 08/10 (NIC)</i>		
<i>Project Name/Number:</i>	<i>Variable Annuity Application /VA-APP 08/10 (NIC)</i>		

## Disposition

Disposition Date: 04/16/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AEGA-126584777</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45430</i>
<i>Company Tracking Number:</i>	<i>VA-APP 08/10 (NIC)</i>		
<i>TOI:</i>	<i>A02.11 Individual Annuities- Deferred Non-</i>	<i>Sub-TOI:</i>	<i>A02.11.002 Flexible Premium</i>
	<i>Variable and Variable</i>		
<i>Product Name:</i>	<i>VA-APP 08/10 (NIC)</i>		
<i>Project Name/Number:</i>	<i>Variable Annuity Application /VA-APP 08/10 (NIC)</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	Statement of Variability		Yes
<b>Form</b>	Variable Annuity Application		Yes

SERFF Tracking Number: AEGA-126584777 State: Arkansas

Filing Company: Transamerica Life Insurance Company State Tracking Number: 45430

Company Tracking Number: VA-APP 08/10 (NIC)

TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
Variable and Variable

Product Name: VA-APP 08/10 (NIC)

Project Name/Number: Variable Annuity Application /VA-APP 08/10 (NIC)

## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	VA-APP 08/10 (NIC)	Application/Variable Annuity Enrollment Application Form	Initial		50.600	VA-APP 0810 (NIC) Brackets.pdf



## Individual Variable Deferred Annuity Application

Home Office: Cedar Rapids, IA

Mailing Address: Transamerica Life Insurance Company

4333 Edgewood Road NE, Cedar Rapids, IA 52499

Telephone: (800) 525-6205

### 1. PRODUCT INFORMATION

Product (select only one option): ☐ Advisor Elite ☐ Axiom ☐ Extra ☐ Freedom ☐ Landmark ML  
☐ Huntington Landmark ☐ Landmark ☐ Liberty ☐ Principium II

### 2. OWNER INFORMATION

#### Type of Owner:

- ☐ Individual ☐ Trust (Trust Certification Form is Required) ☐ Corporate  
☐ Guardianship / Conservatorship ☐ Company Qualified Plan (Profit Sharing Plan, Pension Plan) ☐ UGMA / UTMA

Complete Legal Name: \_\_\_\_\_

Residential Address:\* \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Gender: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Domestic Partner

Citizenship: ☐ U.S. Citizen  
☐ Non-U.S.Citizen (Country of Citizenship: \_\_\_\_\_) ☐ Resident Alien ☐ Non-Resident Alien

### 3. JOINT OWNER INFORMATION (if applicable)

Relationship to Owner: \_\_\_\_\_

Complete Legal Name: \_\_\_\_\_

Residential Address:\* \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Gender: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Domestic Partner

Citizenship: ☐ U.S. Citizen  
☐ Non-U.S.Citizen (Country of Citizenship: \_\_\_\_\_) ☐ Resident Alien ☐ Non-Resident Alien

\* A Residential Address must be completed and cannot be a P.O. Box.



#### 4. ANNUITANT INFORMATION

**Only complete this section if Annuitant is different than Owner or if there is a Joint Owner.** If no Annuitant is listed, Transamerica Life Insurance Company will issue the policy with the Owner and Annuitant as the same.

Relationship to Owner: \_\_\_\_\_

Complete Legal Name: \_\_\_\_\_

Residential Address:\* \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Gender: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Domestic Partner

Citizenship: ☐ U.S. Citizen

☐ Non-U.S.Citizen (Country of Citizenship: \_\_\_\_\_) ☐ Resident Alien ☐ Non-Resident Alien

**\* A Residential Address must be completed and cannot be a P.O. Box.**

#### 5. BENEFICIARY DESIGNATION (If there are more than 3 beneficiaries, attach an Additional Beneficiary Form.)

☐ Primary ☐ Contingent Allocation Percentage: \_\_\_\_\_%

Is this an Irrevocable Beneficiary? ☐ Yes ☐ No

Is this a Restricted Beneficiary? ☐ Yes <sup>(1)</sup> ☐ No

Complete Legal Name: \_\_\_\_\_ ☐ Spousal Beneficiary

Relationship to Annuitant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: ☐ Male ☐ Female ☐ N/A - Entity or Trust <sup>(2)</sup>

Citizenship: ☐ U.S. Citizen

☐ Non-U.S.Citizen (Country of Citizenship: \_\_\_\_\_) ☐ Resident Alien ☐ Non-Resident Alien

☐ Primary ☐ Contingent Allocation Percentage: \_\_\_\_\_%

Is this an Irrevocable Beneficiary? ☐ Yes ☐ No

Is this a Restricted Beneficiary? ☐ Yes <sup>(1)</sup> ☐ No

Complete Legal Name: \_\_\_\_\_

Relationship to Annuitant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: ☐ Male ☐ Female ☐ N/A - Entity or Trust <sup>(2)</sup>

Citizenship: ☐ U.S. Citizen

☐ Non-U.S.Citizen (Country of Citizenship: \_\_\_\_\_) ☐ Resident Alien ☐ Non-Resident Alien

<sup>(1)</sup> The Beneficiary will not be restricted until the Beneficiary Designation with Restricted Payout Form is received.

<sup>(2)</sup> Please submit the Trustee Certification Form if a Trust is named as Beneficiary.

## 5. BENEFICIARY DESIGNATION (continued)

☐ Primary ☐ Contingent Allocation Percentage: \_\_\_\_\_ %

Is this an Irrevocable Beneficiary? ☐ Yes ☐ No

Is this a Restricted Beneficiary? ☐ Yes <sup>(1)</sup> ☐ No

Complete Legal Name: \_\_\_\_\_

Relationship to Annuitant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: ☐ Male ☐ Female ☐ N/A - Entity or Trust <sup>(2)</sup>

Citizenship: ☐ U.S. Citizen

☐ Non-U.S. Citizen (Country of Citizenship: \_\_\_\_\_) ☐ Resident Alien ☐ Non-Resident Alien

<sup>(1)</sup> The Beneficiary will not be restricted until the Beneficiary Designation with Restricted Payout Form is received.

<sup>(2)</sup> Please submit the Trustee Certification Form if a Trust is named as Beneficiary.

## 6. PURCHASE PAYMENT INFORMATION

Purchase Amount \$ \_\_\_\_\_

☐ Check/Wire Enclosed ☐ Transamerica Life Insurance Company to request release of funds ☐ Insurance Producer/Client to request release of funds

Complete only ONE section, 6A or 6B; whichever is applicable.

### A. NON-QUALIFIED

#### Source of Funds:

- ☐ New Money
- ☐ 1035 Exchange - The IRC Section 1035 Exchange Form is **required**. Submit the appropriate state replacement form(s) if the Applicant has existing life insurance policies or annuity contracts.
- ☐ CD/Mutual Fund Redemption - The Mutual Fund/CD Redemption Form is **required**. Submit the appropriate state replacement form(s) if the Applicant has existing life insurance policies or annuity contracts.

### B. QUALIFIED

#### Source of Funds:

- ☐ New Contribution - Tax Year: \_\_\_\_\_
- ☐ Direct Transfer - The Qualified Funds Direct Rollover or Transfer Request Form is **required**. Submit the appropriate state replacement form(s) if the Applicant has existing life insurance policies or annuity contracts.
- ☐ Rollover - The Qualified Funds Direct Rollover or Transfer Request Form is **required**.

#### Type of Qualified Plan Applying for:\*

- ☐ Traditional IRA ☐ Roth IRA ☐ SEP IRA ☐ Simple IRA
- ☐ Profit Sharing Plan ☐ Pension Plan ☐ Other: \_\_\_\_\_

\* Prior Company approval required for all qualified plans other than individual IRAs.

## 7. ELECTIONS

Elections below may not be available in all states or with all products. Issue ages may differ between states and products.

**A. GUARANTEED MINIMUM DEATH BENEFITS** - Your selection cannot be changed after the policy has been issued. One, and only one, option must be selected.

- ☐ Policy Value Death Benefit
- ☐ Return of Premium Death Benefit
- ☐ Annual Step-Up Death Benefit

**B. ADDITIONAL DEATH BENEFIT RIDER(S)** - Only one Additional Death Benefit can be selected.

- ☐ Additional Death Distribution + (Plus)
- ☐ Additional Death Distribution

**C. LIVING/WITHDRAWAL BENEFIT RIDER(S)** - If a rider is not selected, your policy will not have the benefits provided by that rider and you will not be charged for the rider. Only one Living/Withdrawal Benefit can be selected.

### Retirement Income Choice<sup>SM</sup> (RIC) Rider

RIC Investment Strategy Options - To elect this rider, either the Open or Designated Allocation option must be selected.

- ☐ Open Allocation (Investment Allocation in Section 8C can be allocated among any investment options)
- ☐ Designated Allocation (Investment Allocation in Section 8C must be within Designated Groups A, B or C investment options only)

Election - To elect this rider, either the Single or the Joint option must be selected.

- ☐ Single
- ☐ Joint - Joint Owner in Section 3 or Sole Primary Beneficiary in Section 5 must be the Owner's spouse, civil union or domestic partner.

RIC Rider Options - More than one option may be selected.

- ☐ Income Enhancement
- ☐ Death Benefit

**Income Link<sup>SM</sup> Rider** - To elect this rider, select either the Single option or the Joint option.

Election - Investment Allocation in Section 8C must be Designated Group C investment options only

- ☐ Single
- ☐ Joint - Joint Owner in Section 3 or Sole Primary Beneficiary in Section 5 must be the Owner's spouse, civil union or domestic partner.

### Guaranteed Principal Solution (GPS) Rider

- ☐ GPS Rider

**D. OTHER AVAILABLE RIDER(S)** - If a rider is not selected, it will not apply.

- ☐ Liquidity Rider - Only available with Landmark
- ☐ Access Rider

There are no additional riders available at this time.

## 8. INVESTMENT SELECTION

If immediately investing all funds proceed to Section 8B. If any funds are to be allocated in the DCA complete Section 8A.

### A. DOLLAR COST AVERAGING (DCA) PROGRAM

Transfer from:

☐ DCA Fixed Account ☐ TA Money Market VP ☐ TA U.S. Government Securities VP

Frequency and Number of Transfers:

There is a minimum of \$500 for each DCA Transfer.

Monthly: ☐ 6 ☐ 10 ☐ 12 ☐ 24 ☐ Other: \_\_\_\_\_ (minimum 6 months/maximum 24 months)

Quarterly: ☐ 4 ☐ 8

**B. ASSET REBALANCING PROGRAM** - Rebalancing will not begin until completion of DCA Program, if applicable. Money invested in the Fixed Account is not included. More than one investment option must be allocated to participate in this program. If you would like to rebalance to a mix other than indicated in Section 8C, please complete the Optional Services Form.

I elect Asset Rebalancing: ☐ No ☐ Yes

Rebalance the variable investment options according to my allocations in Section 8C using the frequency indicated below.

☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

### C. PORTFOLIO ALLOCATIONS

IF YOU SELECTED THE RETIREMENT INCOME CHOICE<sup>SM</sup> RIDER DESIGNATED ALLOCATION OPTION IN SECTION 7C YOU CAN ALLOCATE WITHIN:

- DESIGNATED GROUP A
- DESIGNATED GROUP B
- DESIGNATED GROUP C

IF YOU SELECTED THE INCOME LINK<sup>SM</sup> RIDER IN SECTION 7C, YOU CAN ALLOCATE WITHIN:

- DESIGNATED GROUP C

IF YOU SELECTED THE RETIREMENT INCOME CHOICE<sup>SM</sup> RIDER OPEN ALLOCATION OPTION, THE GUARANTEED PRINCIPAL SOLUTION (GPS) RIDER OR DID NOT SELECT A LIVING BENEFIT/WITHDRAWAL RIDER IN SECTION 7C, YOU CAN ALLOCATE WITHIN:

- DESIGNATED GROUP A
- DESIGNATED GROUP B
- DESIGNATED GROUP C
- NON-DESIGNATED (OPEN) ALLOCATIONS

Investment options start on the next page.

**8. INVESTMENT SELECTION (continued)****C. PORTFOLIO ALLOCATIONS (continued)**

For all options listed in this Section, the Initial Allocation Percentage column and DCA (if applicable) Allocation Percentage column must each total 100 %. All allocations must be entered in whole percentages.

	Initial % (Required)	DCA % (Optional)		Initial % (Required)	DCA % (Optional)
Initial Investment for DCA	_____	.0%			

**Designated Group A:<sup>(1)</sup>**

AllianceBernstein Balanced Wealth Strategy Portfolio	_____	.0%	_____	.0%	American Funds - Asset Allocation Fund	_____	.0%	_____	.0%
Franklin Templeton VIP Founding Funds Allocation Fund	_____	.0%	_____	.0%	GEI Total Return Fund	_____	.0%	_____	.0%
Fidelity VIP Balanced Portfolio	_____	.0%	_____	.0%	TA Asset Allocation - Moderate Growth VP	_____	.0%	_____	.0%
TA Balanced VP	_____	.0%	_____	.0%	TA Efficient Markets VP (Investing in Vanguard ® ETFs and Dimensional Fund Advisors Mutual Funds)	_____	.0%	_____	.0%
TA Index 75 VP (Investing in Vanguard ® ETFs)	_____	.0%	_____	.0%	TA International Moderate Growth VP	_____	.0%	_____	.0%

**Designated Group B:<sup>(2)</sup>**

TA Asset Allocation - Moderate VP	_____	.0%	_____	.0%	TA BlackRock Global Allocation VP	_____	.0%	_____	.0%
TA BlackRock Tactical Allocation VP	_____	.0%	_____	.0%	TA Index 50 VP (Investing in Vanguard ® ETFs)	_____	.0%	_____	.0%

**Designated Group C:<sup>(3)</sup>**

1 Year Fixed Guaranteed Period <sup>(4)</sup>	_____	.0%	_____	.0%	3 Year Fixed Guaranteed Period <sup>(4)</sup>	_____	.0%	_____	.0%
5 Year Fixed Guaranteed Period <sup>(4)</sup>	_____	.0%	_____	.0%	7 Year Fixed Guaranteed Period <sup>(4)</sup>	_____	.0%	_____	.0%
American Funds - Bond Fund	_____	.0%	_____	.0%	TA Asset Allocation - Conservative VP	_____	.0%	_____	.0%
TA Foxhall Global Conservative VP	_____	.0%	_____	.0%	TA Index 35 VP (Investing in Vanguard ® ETFs)	_____	.0%	_____	.0%
TA Money Market VP	_____	.0%	_____	.0%	TA PIMCO Total Return VP	_____	.0%	_____	.0%
TA U.S. Government Securities VP	_____	.0%	_____	.0%					

Additional investment options are continued on the next page.

<sup>(1)</sup> Fund Allocations for Retirement Income Choice<sup>SM</sup> Designated - Group A

<sup>(2)</sup> Fund Allocations for Retirement Income Choice<sup>SM</sup> Designated - Group B

<sup>(3)</sup> Fund Allocations for Retirement Income Choice<sup>SM</sup> Designated or Income Link<sup>SM</sup> - Group C

<sup>(4)</sup> The Guaranteed Period Options may not be available in all states or with all products. Premium limits may apply.

## 8. INVESTMENT SELECTION (continued)

### C. PORTFOLIO ALLOCATIONS (continued)

For all options listed in this Section, the Initial Allocation Percentage column and DCA (if applicable) Allocation Percentage column must each total 100%. All allocations must be entered in whole percentages.

	Initial % (Required)	DCA % (Optional)		Initial % (Required)	DCA % (Optional)
<b>Non-Designated (Open):</b>					
AllianceBernstein Growth and Income Portfolio	____.0%	____.0%	AllianceBernstein Large Cap Growth Portfolio	____.0%	____.0%
American Funds - Growth Fund	____.0%	____.0%	American Funds - Growth - Income Fund	____.0%	____.0%
American Funds - International Fund	____.0%	____.0%	Fidelity VIP Contrafund ® Portfolio	____.0%	____.0%
Fidelity VIP Equity-Income Portfolio	____.0%	____.0%	Fidelity VIP Growth Portfolio	____.0%	____.0%
Fidelity VIP Mid Cap Portfolio	____.0%	____.0%	Fidelity VIP Value Strategies Portfolio	____.0%	____.0%
Franklin Income Securities Fund	____.0%	____.0%	Invesco V.I. Basic Value Fund	____.0%	____.0%
Invesco V.I. Capital Appreciation Fund	____.0%	____.0%	Janus Aspen - Enterprise Portfolio	____.0%	____.0%
Janus Aspen - Worldwide Portfolio	____.0%	____.0%	MFS ® New Discovery Series	____.0%	____.0%
MFS ® Total Return Series	____.0%	____.0%	Mutual Shares Securities Fund	____.0%	____.0%
Templeton Foreign Securities Fund	____.0%	____.0%	TA AEGON High Yield Bond VP	____.0%	____.0%
TA Asset Allocation - Growth VP	____.0%	____.0%	TA BlackRock Large Cap Value VP	____.0%	____.0%
TA Clarion Global Real Estate Securities VP	____.0%	____.0%	TA Convertible Securities VP	____.0%	____.0%
TA Diversified Equity VP	____.0%	____.0%	TA Focus VP	____.0%	____.0%
TA Foxhall Emerging Markets/Pacific Rim VP	____.0%	____.0%	TA Foxhall Global Growth VP	____.0%	____.0%
TA Foxhall Global Hard Asset VP	____.0%	____.0%	TA Growth Opportunities VP	____.0%	____.0%
TA Hanlon Balanced VP	____.0%	____.0%	TA Hanlon Growth VP	____.0%	____.0%
TA Hanlon Growth and Income VP	____.0%	____.0%	TA Hanlon Managed Income VP	____.0%	____.0%
TA Index 100 VP (Investing in Vanguard ® ETFs)	____.0%	____.0%	TA JPMorgan Enhanced Index VP	____.0%	____.0%
TA JPMorgan Mid Cap Value VP	____.0%	____.0%	TA Jennison Growth VP	____.0%	____.0%
TA MFS International Equity VP	____.0%	____.0%	TA Morgan Stanley Active International Allocation VP	____.0%	____.0%
TA Morgan Stanley Mid-Cap Growth VP	____.0%	____.0%	TA Multi Managed Large Cap Core VP	____.0%	____.0%
TA Small/Mid Cap Value VP	____.0%	____.0%	TA T. Rowe Price Small Cap VP	____.0%	____.0%
TA WMC Diversified Growth VP	____.0%	____.0%			

## 9. OWNER ACKNOWLEDGEMENTS & SIGNATURES

### A. REPLACEMENT INFORMATION - All questions in this section must be answered.

- ☐ No ☐ Yes Did the Representative/Insurance Producer present and leave the applicant sales material?
- ☐ No ☐ Yes Do you have any existing life insurance policies or annuity contracts?
- ☐ No ☐ Yes Will this annuity replace or change any existing life insurance policies or annuity contracts?

If yes - Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

### B. CALIFORNIA APPLICANTS AGE 60 OR OLDER ONLY

Under California law, there is a 30 Day Right to Review your contract. The amount that will be returned to you if you cancel your contract during this 30 day period will depend on the election below which designates where your payments will be allocated during the Right to Review period. Please check one of the following boxes. **If you do not check one of these boxes, we will allocate your payment to the Money Market portfolio for a period of 35 calendar days.**

- ☐ I/We wish to immediately invest in the variable investment options selected in Section 8. If my/our contract is canceled within 30 days, the contract value will be returned to me/us.
- ☐ I/We authorize the company to allocate the payment to the Money Market portfolio for a period of 35 calendar days. On the 35th day (or next business day) transfer the contract value to the investment options selected in Section 8. If I/we cancel the contract within 30 days, any payments will be returned.

### C. CONNECTICUT APPLICANTS ONLY

An illustration has been provided showing the minimum interest rate percentage applicable to the Fixed Account and I have reviewed it.

**The fixed account of this policy guarantees a minimum interest percentage of 1.50. This rate may be lower than the required interest rate for calculating minimum surrender values. Read your contract carefully.**

### D. TELEPHONE/ELECTRONIC AUTHORIZATION - As the Owner, I will receive this privilege automatically. If a policy has Joint Owners, each Owner may individually make telephone and/or electronic requests. If no option is selected, the authorization will default to Owner only.

- ☐ Yes By checking "Yes," I am authorizing and directing Transamerica Life Insurance Company to act on telephone or electronic instructions from my insurance producer of record or their support staff. This may include fund transfers, allocation changes and any other changes approved by Transamerica Life Insurance Company. Transamerica Life Insurance Company will use reasonable procedures to confirm that these instructions are authorized and genuine. As long as these procedures are followed, Transamerica Life Insurance Company and its affiliates and their directors, officers, employees, representatives and/or insurance producers will be held harmless for any claim, liability, loss or cost.
- ☐ No By checking "No", I am not authorizing and directing Transamerica Life Insurance Company to act on telephone or electronic instructions from my insurance producer of record or their support staff.

## 9. OWNER ACKNOWLEDGEMENTS & SIGNATURES (continued)

### E. DISCLOSURES

- Unless I have notified Transamerica Life Insurance Company of a community or marital property interest in this contract, Transamerica Life Insurance Company will rely on good faith belief that no such interest exists and will assume no responsibility for inquiry.
- To the best of my knowledge and belief, all of my statements and answers on this application are correct and true.
- I am in receipt of a current prospectus for this variable annuity.
- I am in receipt of the privacy notice.
- This application is subject to acceptance by Transamerica Life Insurance Company. If this application is rejected for any reason, Transamerica Life Insurance Company will be liable only for return of purchase payment paid.
- I understand that federal law requires all financial institutions to obtain customer information, including the name, residential address, date of birth, Social Security Number or Tax Identification Number and any other information necessary to sufficiently identify each customer.
- When funds are allocated to the Fixed Accounts in Section 8, policy values may increase or decrease in accordance with an Excess Interest Adjustment prior to the end of the Guaranteed Period.

### F. AGGREGATION OF ANNUITIES

All non-qualified deferred annuity policies that are issued by us (or our affiliates) to the same owner during any calendar year are treated as one annuity for purposes of determining the amount includable in the owner's income when a taxable distribution occurs. Affiliates of the Transamerica Life Insurance Company include: Monumental Life Insurance Company, Transamerica Advisors Life Insurance Company, Transamerica Advisors Life Insurance Company of New York, Transamerica Financial Life Insurance Company and Western Reserve Life Assurance Co. of Ohio.

### G. FRAUD STATEMENTS

**For Applicants in AR** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For Applicants in DC - WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

### H. CLIENT SIGNATURES

☐ Check here if you want to be sent a copy of "Statement of Additional Information."

I HAVE REVIEWED MY FINANCIAL OBJECTIVES AND INSURANCE NEEDS, INCLUDING ANY EXISTING ANNUITY COVERAGE, AND FIND THE ANNUITY BEING APPLIED FOR IS APPROPRIATE FOR MY NEEDS.

Account values when allocated to any of the options in Section 8 are not guaranteed as to fixed dollar amount.

Signed at: \_\_\_\_\_  
City State

Date: \_\_\_\_\_

☞ Owner(s) Signature: **X** \_\_\_\_\_

☞ Joint Owner(s) Signature: **X** \_\_\_\_\_

☞ Annuitant Signature (if not Owner): **X** \_\_\_\_\_



## 10. REPRESENTATIVE/INSURANCE PRODUCER ACKNOWLEDGEMENTS & SIGNATURES

### A. REPLACEMENT INFORMATION - All questions in this section must be answered.

- ☐ No ☐ Yes Did you present and leave the applicant insurer-approved sales material?
- ☐ No ☐ Yes Does the applicant have any existing life insurance policies or annuity contracts?
- ☐ No ☐ Yes Do you have any reason to believe the annuity applied for will replace or change any existing life insurance policies or annuity contracts?

**REMINDER** - Submit the appropriate state replacement form(s) if the Applicant has existing life insurance policies or annuity contracts.

For Connecticut Representatives/Insurance Producers ONLY - I have provided an illustration showing the minimum interest rate percentage applicable to the Fixed Account and reviewed it with the Applicant.

### B. REPRESENTATIVE/INSURANCE PRODUCER SIGNATURES

I HAVE MADE REASONABLE EFFORTS TO OBTAIN INFORMATION CONCERNING THE CONSUMER'S FINANCIAL STATUS, TAX STATUS, INVESTMENT OBJECTIVES AND SUCH OTHER INFORMATION USED OR CONSIDERED TO BE REASONABLE IN MAKING THE ANNUITY RECOMMENDATION AND FIND THE ANNUITY BEING APPLIED FOR APPROPRIATE FOR HIS/HER NEEDS.

**REMINDER** - Please verify a product has been selected in Section 1.

I certify that I have truly and accurately recorded on the application the information that was provided to me by the applicant.

If this is a replacement transaction, I confirm that I have reviewed the Company's written standard regarding the acceptability of replacements and that it meets the Company's standard.

#### #1: Registered Representative/Licensed Insurance Producer

Print Full Name: \_\_\_\_\_

Representative/Insurance Producer ID Number: \_\_\_\_\_

Email Address (Optional): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Firm Address: \_\_\_\_\_

 Signature: X \_\_\_\_\_

#### #2: Registered Representative/Licensed Insurance Producer

Print Full Name: \_\_\_\_\_

Representative/Insurance Producer ID Number: \_\_\_\_\_

Email Address (Optional): \_\_\_\_\_

Phone Number: \_\_\_\_\_

 Signature: X \_\_\_\_\_

**For Representative/Insurance Producer Use Only - Contact your home office for program information.**

**Commission options below are based on the product and rider(s) selected and may not be available in all states.**

- ☐ Option A
- ☐ Option B
- ☐ Option C
- ☐ Option D

**(Once selected, program cannot be changed)**

SERFF Tracking Number:	AEGA-126584777	State:	Arkansas
Filing Company:	Transamerica Life Insurance Company	State Tracking Number:	45430
Company Tracking Number:	VA-APP 08/10 (NIC)		
TOI:	A02.II Individual Annuities- Deferred Non-Variable and Variable	Sub-TOI:	A02.II.002 Flexible Premium
Product Name:	VA-APP 08/10 (NIC)		
Project Name/Number:	Variable Annuity Application /VA-APP 08/10 (NIC)		

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachments:</b> AR Flesch Cert VA-APP 0810 (NIC).pdf AR Reg 19 Cert VA-APP 0810 (NIC).pdf		
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> Application is attached under the Form Schedule tab. <b>Comments:</b>		
<b>Bypassed - Item:</b> Life & Annuity - Acturial Memo <b>Bypass Reason:</b> Not applicable <b>Comments:</b>		
<b>Satisfied - Item:</b> Statement of Variability <b>Comments:</b> <b>Attachment:</b> Statement of Variability.pdf		

**TRANSAMERICA LIFE INSURANCE COMPANY**

**STATE OF ARKANSAS**

**CERTIFICATION**

This is to certify that the attached Variable Annuity Application Form No. VA-APP 08/10 (NIC) has achieved a Flesch Reading Ease Score of 50.6 and complies with the requirements of Ark. Stat. Ann. § 23-80-21 through 23-80-208, cited as the Life and Disability Insurance Policy Language Simplification Act.

TRANSAMERICA LIFE INSURANCE COMPANY

A handwritten signature in black ink that reads "Darin D. Smith". The signature is written in a cursive, flowing style.

Darin D. Smith  
Vice President

04/15/2010  
Date

## CERTIFICATION OF COMPLIANCE

Company Name: Transamerica Life Insurance Company

Form Title(s): Variable Annuity Application

Form Number(s): VA-APP 08/10 (NIC)

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg.19 s 10B, as well as the other laws and regulations of the State of Arkansas.



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Darin D. Smith  
Vice President

April 15, 2010

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Date

## **Annuity Application Statement of Variability**

### **VA-APP 08/10 (NIC)**

We have bracketed or determined that the following information will be variable. Any changes will be for future use only, and on a non-discriminatory basis. These changes include any changes to ensure this form remains compliant with state and federal laws, regulations and requirements as well as the items specifically detailed below. We have bracketed the sections for the following reasons:

**Address/Telephone:** To allow for administrative flexibility. Should the location, telephone number or other annuity contact information change, this information will be updated accordingly.

#### **Section 1. PRODUCT INFORMATION**

**Product Name (Marketing Name):** To allow for future changes in the marketing name for the annuity.

#### **Section 7. ELECTIONS**

**A. Guaranteed Minimum Death Benefits:** The ability to offer different Guaranteed Death Benefits. The current options may be removed and added, but newly approved options will never be added.

**B. Additional Death Benefit Rider(s):** The ability to change and/or make available different types of additional death benefit riders. The current options may be removed and added, but newly approved options will never be added.

**C. Living/Withdrawal Benefit Rider(s):** The ability to change and/or make available different types of living/withdrawal benefit riders. The current options may be removed and added, but newly approved options will never be added.

**D. Other Available Rider(s):** The ability to change and/or make available different types of optional riders. The current options may be removed and added, but new approved options will never be added.

#### **Section 8. INVESTMENT SELECTION**

**A. Dollar Cost Averaging (DCA) Program:** To allow for flexibility to make changes to the DCA accounts.

**C. Portfolio Allocations:** To allow for flexibility to make changes to the Portfolio Allocation instructions and Subaccounts being offered. The instructions and Subaccounts will vary dependent on the riders being offered in Section 7.C. Living/Withdrawal Benefit Rider(s).

## **Section 9. OWNER ACKNOWLEDGEMENTS AND SIGNATURES**

**C. CONNECTICUT APPLICANTS ONLY:** The ability to change the Guaranteed Minimum Interest Rate percentage as approved as a variable item in the base policy to which this application is attached. This rate was approved with a minimum of 1.00% and a maximum of 3.00%

**F. Aggregation of Annuities:** The ability to revise company names due to mergers or name changes that are approved by your Department.

**G. Fraud Statements:** The ability to add or remove states due to future state requirements.

## **Section 10. REPRESENTATIVE/INSURANCE PRODUCER ACKNOWLEDGEMENTS AND SIGNATURES**

**Commissions Options:** The ability to add or change commission options.